

Superior Court of California  
County of San Luis Obispo

# DISSOLUTION OF MARRIAGE

## General Overview of Process & Sample Forms to Start Case

1	COMPLETE PAPERS & GO TO COURTHOUSE TO FILE LEGAL PAPERS	Complete the following forms: <ul style="list-style-type: none"><li>• Statement of Venue (FL013)</li><li>• Summons (FL-110)</li><li>• Petition (FL-100)</li><li>• Custody Visitation Attachment (FL-311)*</li><li>• UCCJEA (FL-105)*</li></ul> Make 2 copies of all original documents.	Take originals and 2 copies to the courthouse in San Luis Obispo, Grover Beach or Paso Robles. Bring money to pay the filing fee if you do not qualify for a fee waiver. The clerk will assign a case number, file your originals and return the 2 copies to you.	
2	GIVE THE OTHER PARTY A COPY OF LEGAL PAPERS	The other party must receive a copy of all the legal papers, in addition to a Notice of Case Assignment and a blank Response (FL-120). The person giving the other party these papers could be a friend, relative, private process server or the Sheriff's Department. This person must also be 18 years or older and cannot be you. This is called "personal service." If the other party won't take the papers, it is okay to drop the papers at their feet. Do not give the other party the original "Proof of Service." The person who gave the copy to the other party must sign and complete the "Proof of Service" and return to you so that you may file it with the court.		
3	WAIT 30 DAYS	Wait 30 days after the papers were given to the other party. If the other party decides to file a Response, a copy of it should have been mailed to you.		
4	ATTEND PARENTING CLASS	If you have minor children, you must schedule and attend a class that deals with the impact of divorce on children. There is a \$30 fee for this class; however this fee may be waived if you have a fee waiver order. To register, call Family Court Services at (805) 781-5423.		
5	FINANCIAL DISCLOSURE	Generally, before the court will grant a dissolution of marriage or legal separation, both parties must disclose to the other information about their assets, debts, income and expenses.	See the Family Law Facilitator for detailed instructions on how to complete the following forms: <ul style="list-style-type: none"><li>• Declaration of Disclosure (FL-140)</li><li>• Declaration Regarding Service of Disclosure (FL-141)</li><li>• Schedule of Assets and Debts (FL-142)</li><li>• Income and Expense Declaration (FL-150)</li></ul>	
6	DECIDE HOW TO PROCEED WITH YOUR CASE. CHOOSE A, B or C  <i>*See the Family Law</i>	<b>A. Default:</b> If no Response (FL-120) was filed you may proceed by default and request to obtain the orders you requested in your Petition (FL-100).  <i>Facilitator for the detailed</i>	<b>B. Uncontested:</b> Regardless of whether a Response (FL-120) was filed, if you and your spouse agree to everything may proceed as an uncontested matter.  <i>Instructions.*</i>	<b>C. Trial:</b> If a Response (FL-120) was filed and no agreement can be reached the judge will decide all the issues in your case.
7	PREPARE YOUR FINAL JUDGMENT	You will need to prepare your final judgment along with other necessary documents. When the judge signs your final judgment, your case will be finalized. See the Family Law Facilitator for detailed instructions.		

### WHERE TO GET FORMS:

☐ **Internet:** For free, you can log onto [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov) and click on “Forms.” You can locate the forms needed by the Family Law category and then by form number.

☐ **Court Clerk’s Office:** For \$5, you may go to any of the three Courthouses to purchase a packet of blank forms:

- 1) San Luis Obispo: Courthouse Annex, 1035 Palm St., Room 385
- 2) Grover Beach: 214 South 16<sup>th</sup> St.
- 3) Paso Robles: 901 Park St. Room 105

### COSTS INVOLVED:

**Filing Fee:** \$355 filing fee for filing the Petition (FL-100).

**Fee Waiver:** If you cannot afford to pay the filing fee, you may obtain the forms to apply for a fee waiver on the internet at [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov) or at any of our Courthouses. The fee waiver forms are:

- ☐ Information Sheet on Waiver of Court Fees and Costs (FW-001-INFO)
- ☐ Application for Order on Waiver of Court Fees and Costs (FW-001)
- ☐ Order on Application for Waiver of Court Fees and Costs (FW-003)

### HELPFUL TIPS:

- ☐ **Petitioner & Respondent** - If you are filing the Petition (FL-100) you will always be the Petitioner in this case and your spouse will be called the Respondent.
- ☐ The forms may be handwritten in blue or black ink.
- ☐ **Date of Separation** is the date that in your mind you knew the marriage was over and you did something to show that you no longer wanted to be married.
- ☐ **Separate Property** is any assets or debts that were purchased or incurred before your date of marriage or after your date of separation.
- ☐ **Community Property** is any assets or debts that were purchased or incurred after your date of marriage and before your date of separation.
- ☐ **Legal Custody:** Legal custody deals with the parents’ right to make the decisions relating to the child’s health, education and welfare. One or both parents can have legal custody. If both parents are making decisions about the child it is called joint legal custody.
- ☐ **Physical Custody:** Physical custody deals with the days and times that the child will spend with each parent. If the child primarily lives with one parent it is called physical custody. If you are requesting that both parents spend a substantial period of time with the child, it is called Joint Physical Custody.
- ☐ **Visitation:** Visitation is the time that the child spends with the parent the child does not primarily live with. The options are (1) Reasonable Visitation (2) Specific Visitation Schedule (3) Supervised Visitation.

### \* IF THERE ARE NO MINOR CHILDREN OF THIS MARRIAGE THEN DO NOT COMPLETE THE FOLLOWING FORMS:

- ☐ Child Custody and Visitation Application Attachment (FL-311)
- ☐ Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (FL-105)

**SUMMONS (Family Law)****CITACION (Derecho familiar)****NOTICE TO RESPONDENT (Name):****AVISO AL DEMANDADO (Nombre):****Sam Sample****You are being sued. Lo están demandando.**FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)**Petitioner's name is:****Nombre del demandante:****Pat Sample**

CASE NUMBER (NUMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120 or FL-123) at the court and have a copy served on the petitioner. A letter or phone call will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form.

If you want legal advice, contact a lawyer immediately. You can get information about finding lawyers at the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), at the California Legal Services Web site ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), or by contacting your local county bar association.

Tiene **30 días corridos** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120 o FL-123) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales. Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas.

Si desea obtener asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar a un abogado en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en el sitio Web de los Servicios Legales de California ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)) o poniéndose en contacto con el colegio de abogados de su condado.

**NOTICE:** The restraining orders on page 2 are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. These orders are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

**AVISO:** Las órdenes de restricción que figuran en la página 2 valen para ambos cónyuges o pareja de hecho hasta que se despidan la petición, se emita un fallo o la corte dé otras órdenes. Cualquier autoridad de la ley que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

**NOTE:** If a judgment or support order is entered, the court may order you to pay all or part of the fees and costs that the court waived for yourself or for the other party. If this happens, the party ordered to pay fees shall be given notice and an opportunity to request a hearing to set aside the order to pay waived court fees.

**AVISO:** Si se emite un fallo u orden de manutención, la corte puede ordenar que usted pague parte de, o todos las cuotas y costos de la corte previamente exentas a petición de usted o de la otra parte. Si esto ocurre, la parte ordenada a pagar estas cuotas debe recibir aviso y la oportunidad de solicitar una audiencia para anular la orden de pagar las cuotas exentas.

1. The name and address of the court are (El nombre y dirección de la corte son):

**San Luis Obispo Superior Court**  
**1035 Palm Street, Room 385**

**San Luis Obispo, CA 93408**

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are:

(El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

**Pat Sample**  
**(805) 555-1234**

**1234 Main Street**  
**San Luis Obispo, CA 93401**

Date (Fecha): \_\_\_\_\_ Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

[SEAL]

**NOTICE TO THE PERSON SERVED:** You are served**AVISO A LA PERSONA QUE RECIBIO LA ENTREGA:** Esta entrega se realiza

- a. ☒ as an individual. (a usted como individuo.)  
 b. ☐ on behalf of respondent who is a (en nombre de un demandado que es):  
     (1) ☐ minor (menor de edad)  
     (2) ☐ ward or conservatee (dependiente de la corte o pupilo)  
     (3) ☐ other (specify) (otro - especifique):

**(Read the reverse for important information.) (Lea importante información al dorso.)**

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### WARNING-IMPORTANT INFORMATION

**WARNING:** California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

### STANDARD FAMILY LAW RESTRAINING ORDERS

**Starting immediately, you and your spouse or domestic partner are restrained from**

1. Removing the minor child or children of the parties, if any, from the state without the prior written consent of the other party or an order of the court;
2. Cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor child or children;
3. Transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. Creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

### ADVERTENCIA - INFORMACION IMPORTANTE

**ADVERTENCIA:** De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para los fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

### ORDENES DE RESTRICCIÓN NORMALES DE DERECHO FAMILIAR

**En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:**

1. Llevarse del estado de California a los hijos menores de las partes, si los hubiera, sin el consentimiento previo por escrito de la otra parte o una orden de la corte;
2. Cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, tal como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. Transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, con excepción las operaciones realizadas en el curso normal de actividades o para satisfacer las necesidades de la vida; y
4. Crear o modificar una transferencia no testamentaria de manera que afecte el destino de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto, por lo menos cinco días laborales antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado o para ayudarle a pagar los costos de la corte.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

**Pat Sample**

FOR COURT USE ONLY

**1234 Main Street  
San Luis Obispo, CA 93401**TELEPHONE NO.: **(805) 555-1234**

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Petitioner in Pro Per****SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo**STREET ADDRESS: **1035 Palm Street, Room 385**

MAILING ADDRESS:

CITY AND ZIP CODE: **San Luis Obispo, CA 93408**

BRANCH NAME:

**MARRIAGE OF**PETITIONER: **Pat Sample**RESPONDENT: **Sam Sample****PETITION FOR**☒ **Dissolution of Marriage**☐ **Legal Separation**☐ **Nullity of Marriage**☐ **AMENDED**

CASE NUMBER:

1. RESIDENCE (Dissolution only) ☒ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition for Dissolution of Marriage*.

## 2. STATISTICAL FACTS

a. Date of marriage: **7/7/97**

c. Time from date of marriage to date of separation (specify):

b. Date of separation: **7/1/05**Years: **8**Months: **0**

3. DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):

a. ☐ There are no minor children.b. ☒ The minor children are:Child's nameBirthdateAgeSex**Chad Sample****1/2/05****1****M**☐ Continued on Attachment 3b.

c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.

d. ☐ A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

## 4. SEPARATE PROPERTY

Petitioner requests that the assets and debts listed ☐ in *Property Declaration* (from FL-160) ☐ in Attachment 4

☒ below be confirmed as separate property.

Item**2005 Ford Mustang  
2006 Toyota 4Runner**Confirm to**Petitioner  
Respondent**

**NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.**

## 5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
- b. ☒ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.  
☒ below (specify):

To be determined.

## 6. Petitioner requests

- a. ☒ dissolution of the marriage based on
- (1) ☒ irreconcilable differences. (Fam. Code, §2310(a).)
- (2) ☐ incurable insanity. (Fam. Code, §2310(b).)
- b. ☐ legal separation of the parties based on
- (1) ☐ irreconcilable differences. (Fam. Code, §2310(a).)
- (2) ☐ incurable insanity. (Fam. Code, §2310(b).)
- c. ☐ nullity of void marriage based on
- (1) ☐ incestuous marriage. (Fam. Code, §2200.)
- (2) ☐ bigamous marriage. (Fam. Code, §2201.)
- d. ☐ nullity of voidable marriage based on
- (1) ☐ petitioner's age at time of marriage. (Fam. Code, §2210(a).)
- (2) ☐ prior existing marriage. (Fam. Code, §2210(b).)
- (3) ☐ unsound mind. (Fam. Code, §2210(c).)
- (4) ☐ fraud. (Fam. Code, §2210(d).)
- (5) ☐ force. (Fam. Code, §2210(e).)
- (6) ☐ physical incapacity. (Fam. Code, §2210(f).)

## 7. Petitioner requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- |   | Petitioner                          | Respondent                          | Joint                    | Other                    |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Legal custody of children to .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input checked="" type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 7c. |                                     |                                     |                          |                          |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.   |                                     |                                     |                          |                          |
| e. Attorney fees and costs payable by .....   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                          |
| f. Spousal support payable to (earnings assignment will be issued).....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |                          |
| g. <input checked="" type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Respondent.   |                                     |                                     |                          |                          |
| h. <input checked="" type="checkbox"/> Property rights be determined.   |                                     |                                     |                          |                          |
| i. <input checked="" type="checkbox"/> Petitioner's former name be restored to (specify): <b>Pat Angelino</b>   |                                     |                                     |                          |                          |
| j. <input type="checkbox"/> Other (specify):  |                                     |                                     |                          |                          |

☐ Continued on Attachment 7j.

8. **Child support**-If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
9. **I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **1/4/06****Pat Sample**

(TYPE OR PRINT NAME)

► **Pat Sample**

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

►

(SIGNATURE OF ATTORNEY FOR PETITIONER)

**NOTICE:** Dissolution or legal separation may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay on death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order (see Family Code sections 231-235).

TO ☒ Petition, Response, Application for Order or Responsive Declaration ☐ Other (specify):  
☐ To be ordered now and effective until the hearing

- | <u>Child's Name</u> | <u>Date of Birth</u> | <u>Legal Custody to</u><br>(person who makes decisions about health, education, etc.) | <u>Physical Custody to</u><br>(person with whom the child lives) |
|---------------------|----------------------|---|--|
| <b>d Sample</b>     | <b>1/2/05</b>        | <b>Pat Sample</b>   | <b>Pat Sample</b>  |

PETITIONER: <b>Pat Sample</b>	CASE NUMBER:
RESPONDENT: <b>Sam Sample</b>	

3. ☐ **Supervised visitation.**  
 I request that (name) : have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by (name) : who is a ☐ professional ☐ nonprofessional supervisor. The supervisor's phone number is (specify) :

I request that the costs of supervision be paid as follows: petitioner: percent; respondent: percent.

**If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.**

4. ☒ **Transportation for visitation and place of exchange.**  
 a. ☐ Transportation to the visits will be provided by (name) :  
 b. ☐ Transportation from the visits will be provided by (name) :  
 c. ☒ Drop-off of the children will be at (address) : **1234 Main Street, San Luis Obispo, CA 93401**  
 d. ☒ Pick-up of the children will be at (address) : **1234 Main Street, San Luis Obispo, CA 93401**  
 e. ☒ The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.  
 f. ☒ During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.  
 g. ☐ Other (specify) :

5. ☒ **Travel with children.** The ☐ petitioner ☒ respondent ☐ other (name) : must have written permission from the other parent or a court order to take the children out of  
 a. ☒ the state of California.  
 b. ☐ the following counties (specify) :  
 c. ☐ other places (specify) :

6. ☐ **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.  
 7. ☐ **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached ☐ form FL-341(C) ☐ other (specify):  
 8. ☐ **Additional custody provisions.** I request the additional orders regarding custody set out on the attached ☐ form FL-341(D) ☐ other (specify):  
 9. ☐ **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached ☐ form FL-341(E) ☐ other (specify):  
 10. ☐ **Other.** I request the following additional orders (specify) :



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Pat Sample</b>  <b>1234 Main Street</b> <b>San Luis Obispo, CA 93401</b> TELEPHONE NO.: <b>(805) 555-1234</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Petitioner in Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo</b> STREET ADDRESS: <b>1035 Palm Street, Room 385</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Luis Obispo, CA 93408</b> BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: <b>Pat Sample</b> RESPONDENT: <b>Sam Sample</b> OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER:
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **1** minor children who are subject to this proceeding, as follows:  
*(Insert the information requested below. The residence information must be given for the last FIVE years.)*

a. Child's name <b>Chad Sample</b>		Place of birth <b>San Luis Obispo</b>	Date of birth <b>1/2/05</b>	Sex <b>M</b>
Period of residence <b>7/1/05</b> to present	Address <b>1234 Main Street, San Luis Obispo, CA 93401</b> <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <b>Pat Sample, 1234 Main Street, SLO, CA</b> <input type="checkbox"/> Confidential		Relationship <b>Mother</b>
<b>1/2/05</b> to <b>6/30/05</b>	Child's residence (City, State) <b>377 Osos Street, San Luis Obispo, CA 93401</b>	Person child lived with (name and complete current address) <b>Pat Sample, 1234 Main Street, SLO, CA 93401</b> <b>Sam Sample, 377 Osos Street, SLO, CA 93401</b>		<b>Mother and Father</b>
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.

d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

Page 1 of 2

SHORT TITLE:

**Sample and Sample**

CASE NUMBER:

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☒ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☒ No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
--	--	--

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **1/4/06**

**Pat Sample**

(TYPE OR PRINT NAME)

► *Pat Sample*

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: \_\_\_\_\_

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

**ATTACH THESE FORMS TO  
THE PAPERS BEING GIVEN TO  
THE OTHER PARTY**

1. Response (FL-120)
2. UCCJEA (FL-105), only if there are minor children of this relationship

**DO NOT FILL THEM OUT**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>MARRIAGE OF</b> PETITIONER: RESPONDENT:	
<b>RESPONSE</b> <input type="checkbox"/> <b>and REQUEST FOR</b> <input type="checkbox"/> <b>Dissolution of Marriage</b> <input type="checkbox"/> <b>Legal Separation</b> <input type="checkbox"/> <b>Nullity of Marriage</b> <div style="text-align: right;"><input type="checkbox"/> AMENDED</div>	CASE NUMBER:

1. RESIDENCE (Dissolution only) ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of the *Petition for Dissolution of Marriage*.

2. STATISTICAL FACTS

a. Date of marriage: \_\_\_\_\_ c. Time from date of marriage to date of separation (specify):  
 b. Date of separation: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

3. DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):

- a. ☐ There are no minor children.  
 b. ☐ The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
---------------------	------------------	------------	------------

☐ Continued on Attachment 3b.

c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.

d. ☐ A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY

Respondent requests that the assets and debts listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 4

☐ below be confirmed as separate property.

Item

Confirm to

**NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.**

MARRIAGE OF (last name, first name of parties):  	CASE NUMBER:  
---	----------------------

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
- b. ☐ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.  
☐ below (specify):

6. ☐ Respondent contends that the parties were never legally married.

7. ☐ Respondent denies the grounds set forth in item 6 of the petition.

8. Respondent requests

- |  |  |
|--|--|
| <p>a. <input type="checkbox"/> dissolution of the marriage based on</p> <p>(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>b. <input type="checkbox"/> legal separation of the parties based on</p> <p>(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>c. <input type="checkbox"/> nullity of void marriage based on</p> <p>(1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.)</p> <p>(2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.)</p> | <p>d. <input type="checkbox"/> nullity of voidable marriage based on</p> <p>(1) <input type="checkbox"/> respondent's age at time of marriage. (Fam. Code, § 2210(a).)</p> <p>(2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).)</p> <p>(3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).)</p> <p>(4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).)</p> <p>(5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).)</p> <p>(6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).)</p> |
|--|--|

9. Respondent requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- |  | Petitioner               | Respondent               | Joint                    | Other                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 9c. |                          |                          |                          |                          |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.  |                          |                          |                          |                          |
| e. Attorney fees and costs payable by .....  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| f. Spousal support payable to (wage assignment will be issued) .....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Petitioner.   |                          |                          |                          |                          |
| h. <input type="checkbox"/> Property rights be determined.   |                          |                          |                          |                          |
| i. <input type="checkbox"/> Respondent's former name be restored to (specify) :  |                          |                          |                          |                          |
| j. <input type="checkbox"/> Other (specify):   |                          |                          |                          |                          |

☐ Continued on Attachment 9j.

10. **Child support-** If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF RESPONDENT)

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR RESPONDENT)

**The original response must be filed in the court with proof of service of a copy on Petitioner.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
<i>(This section applies only to family law cases.)</i> PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i> GUARDIANSHIP OF (Name): _____ Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number)*: \_\_\_\_\_ minor children who are subject to this proceeding, as follows:  
***(Insert the information requested below. The residence information must be given for the last FIVE years.)***

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential	Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential	Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>	

c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.

d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). *(Provide all requested information for additional children.)*

Page 1 of 2

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: \_\_\_\_\_

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

# FW-001 Request to Waive Court Fees

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

**1 Your Information** (*person asking the court to waive the fees*):

Name: **Pat Sample**

Street or mailing address: **1234 Main Street**

City: **San Luis Obispo** State: **CA** Zip: **93401**

Phone number: **(805) 555-1234**

**2 Your Job**, if you have one (*job title*): **Clerk**

Name of employer: **Costco**

Employer's address: **572 Higuera Street, San Luis Obispo, CA 93401**

**3 Your lawyer**, if you have one (*name, firm or affiliation, address, phone number, and State Bar number*):

a. The lawyer has agreed to advance all or a portion of your fees or costs (*check one*): Yes ☐ No ☐

b. (*If yes, your lawyer must sign here*) Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**4 What court's fees or costs are you asking to be waived?**

☒ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)

☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

a. ☐ I receive (*check all that apply*): ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. ☒ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (*If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.*)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$389.59 for each extra person.
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

c. ☐ I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to (*check one*): ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (*Explain*): \_\_\_\_\_ (*If you check 5c, you must fill out page 2.*)

**6** ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(*If your previous request is reasonably available, please attach it to this form and check here:* ☐ )

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: **1/4/06**

**Pat Sample**

*Print your name here*

**Pat Sample**  
*Sign here*

## CONFIDENTIAL

*Clerk stamps date here when form is filed.*

*Fill in court name and street address:*

**Superior Court of California, County of San Luis Obispo**  
**1035 Palm Street, Room 385**  
**San Luis Obispo, CA 93408**

*Fill in case number and name:*

**Case Number:**

**Case Name:**  
**Sample and Sample**



Your name: **Pat Sample**

Case Number:

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ **1250**  
List each payroll deduction and amount below:  
(1) **Fed Income Tax** \$ **9**  
(2) **CA Income Tax** \$ **7**  
(3) **Social Security** \$ **10**  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
b. Total deductions (add 8a (1)-(4) above): \$ **26**  
c. Total monthly take-home pay (8a minus 8b): \$ **1224**  
d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
e. Your total monthly income is (8c plus 8d): \$ **1224**

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.
- | Name                   | Age      | Relationship | Gross Monthly Income |
|------------------------|----------|--------------|----------------------|
| (1) <b>Chad Sample</b> | <b>2</b> | <b>Son</b>   | \$ <b>0</b>          |
| (2) _____              | _____    | _____        | \$ _____             |
| (3) _____              | _____    | _____        | \$ _____             |
| (4) _____              | _____    | _____        | \$ _____             |
- b. Total monthly income of persons above: \$ **0**

Total monthly income and household income (8e plus 9b): \$ **1224**

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

**Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**

10 Your Money and Property

- a. Cash----- \$ \_\_\_\_\_  
b. All financial accounts (List bank name and amount):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
c. Cars, boats, and other vehicles  

Make/Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

  
d. Real estate  

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

  
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):  

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ \_\_\_\_\_  
b. Food and household supplies \$ \_\_\_\_\_  
c. Utilities and telephone \$ \_\_\_\_\_  
d. Clothing \$ \_\_\_\_\_  
e. Laundry and cleaning \$ \_\_\_\_\_  
f. Medical and dental expenses \$ \_\_\_\_\_  
g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_  
h. School, child care \$ \_\_\_\_\_  
i. Child, spousal support (another marriage) \$ \_\_\_\_\_  
j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_  
k. Installment payments (list each below):  
Paid to:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
l. Wages/earnings withheld by court order \$ \_\_\_\_\_  
m. Any other monthly expenses (list each below). \$ \_\_\_\_\_  
Paid to: How Much?  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

Total monthly expenses (add 11a-11m above): \$ \_\_\_\_\_

# FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: **Pat Sample**  
Street or mailing address: **1234 Main Street**  
City: **San Luis Obispo** State: **CA** Zip: **93401**

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 A request to waive court fees was filed on (date):

☐ The court made a previous fee waiver order in this case on (date):

Fill in court name and street address:

**Superior Court of California, County of San Luis Obispo  
1035 Palm Street, Room 385  
San Luis Obispo, CA 93408**

Fill in case number and case name:

Case Number:

Case Name:  
**Sample and Sample**

Read this form carefully. All checked boxes ☒ are court orders.

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your (check one): ☒ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees the court makes the following orders:

a. ☐ The court grants your request, as follows:

(1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (Cal. Rules of Court, rule 3.55.) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Reporter's daily fee (for up to 60 days following the fee waiver order at the court-approved daily rate)
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (Cal. Rules of Court, rule 3.56.) You do not have to pay for the checked items.

- ☐ Jury fees and expenses
- ☐ Fees for court-appointed experts
- ☐ Reporter's daily fees (beyond the 60-day period following the fee waiver order)
- ☐ Other (specify):
- ☐ Fees for a peace officer to testify in court
- ☐ Court-appointed interpreter fees for a witness

(3) ☐ **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.) You do not have to pay for the checked items.

- ☐ Preparing and certifying clerk's transcript for appeal
- ☐ Other (specify):

Your name: **Pat Sample**

Case Number:

- b. ☐ The court **denies** your request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) ☐ The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

- (2) ☐ The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*):

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c. ☐ The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*):

☐ Bring the following proof to support your request if reasonably available:



Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name and address of court if different from page 1:  
Dept: \_\_\_\_\_ Rm.: \_\_\_\_\_

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_

Signature of (check one): ☐ Judicial Officer ☐ Clerk, Deputy



**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, §54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): ☐ A certificate of mailing is attached.

- ☐ I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.
- ☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

**Pat Sample****1234 Main Street  
San Luis Obispo, CA 93401**TELEPHONE NO.: **(805) 555-1234**

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Petitioner in Pro Per****SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo**STREET ADDRESS: **1035 Palm Street, Room 385**

MAILING ADDRESS:

CITY AND ZIP CODE: **San Luis Obispo, CA 93408**

BRANCH NAME:

PETITIONER: **Pat Sample**RESPONDENT: **Sam Sample****PROOF OF SERVICE OF SUMMONS**

CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**a. ☒ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)**-or-**b. ☐ Family Law- Domestic Partnership: *Petition-Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response - Domestic Partnership* (form FL-123)**-or-**c. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)**-or-**d. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)**and**e. ☒ (1) ☒ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)(2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)(3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)(4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)(5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)(6) ☐ Completed and blank *Property Declaration* (form FL-160)(7) ☐ *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)(8) ☒ Other (specify): **Notice of Case Assignment and Statement of Venue**

2. Address where respondent was served:

**2346 Field Lane  
San Luis Obispo, CA 93401**

3. I served the respondent by the following means (check proper box):

a. ☒ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): **1/8/06** at (time): **6:00 p.m.**b. ☐ **Substituted service.** I left the copies with or in the presence of (name):

who is (specify title or relationship to respondent):

(1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers(2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

PETITIONER: <b>Pat Sample</b>	CASE NUMBER:
RESPONDENT: <b>Sam Sample</b>	

3. b. (cont.) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_  
 A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.
- c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_  
 (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117).**) (Code Civ. Proc., § 415.30.)  
 (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., § 415.40.)
- d. ☐ **Other (specify code section):** \_\_\_\_\_  
☐ Continued on Attachment 3d.
4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):  
 a. ☒ As an individual **or**  
 b. ☐ On behalf of respondent who is a  
 (1) ☐ minor. (Code Civ. Proc., § 416.60.)  
 (2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)  
 (3) ☐ other (specify) : \_\_\_\_\_
5. **Person who served papers**  
 Name: **Francis Friend**  
 Address: **5430 Mission Lane**  
**San Luis Obispo, CA 93401**
- Telephone number: **(805) 555-0000**
- This person is  
 a. ☐ exempt from registration under Business and Professions Code section 22350(b).  
 b. ☒ not a registered California process server.  
 c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor  
 (1) Registration no.: \_\_\_\_\_  
 (2) County: \_\_\_\_\_  
 d. **The fee** for service was (specify) : \$ \_\_\_\_\_
6. ☒ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
7. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.
- Date: **1/8/06**

<b>Francis Friend</b> <small>(NAME OF PERSON WHO SERVED PAPERS)</small>	 <small>(SIGNATURE OF PERSON WHO SERVED PAPERS)</small>
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